

Account Registration

Required Information: Users will need to create and/or provide the following information when registering for an account with DIFP:

- Create a User Name
- Provide a valid Email Address
- Create a Password
- Provide Contact Name
- Provide Contact Phone Number
- Provide Contact Address Information
- Provide NAIC number(s) associated with type of filing(s)

Registration Process

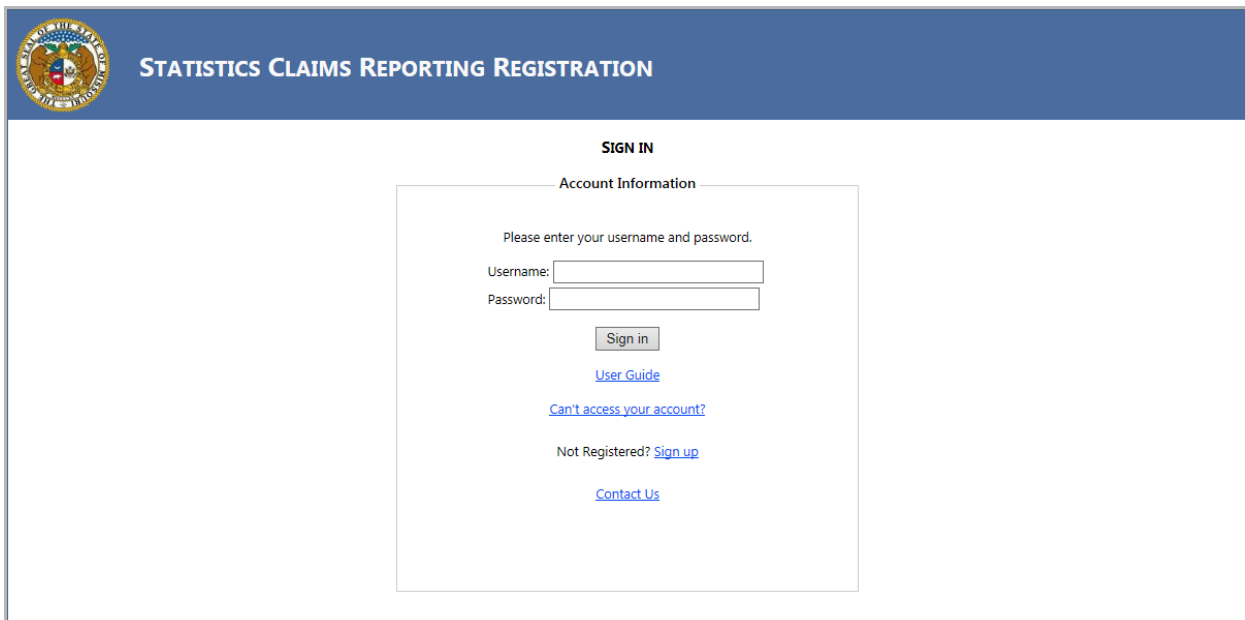
New users must register with DIFP to gain access to the application. See instruction for new user sign up: <https://apps.difp.mo.gov/ProfLiab/Login.aspx>

Contact Information Updates

It is important to keep your contact information up-to-date, log in into the account to manage account settings. You can change your password, email account, and contact information online through the account settings option. The system automatically approves updates immediately but account changes process nightly.

To log in, provide your username and password.

- If you forget your account login information, you may request your information sent to your on-file email address by selecting the “Can’t access your account?” link.



The screenshot shows the login interface for the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP). The page has a blue header with the Missouri state seal on the left and the text "STATISTICS CLAIMS REPORTING REGISTRATION" on the right. Below the header, the page is titled "SIGN IN" and "Account Information". A prompt asks the user to "Please enter your username and password." There are two input fields: "Username:" and "Password:". Below these fields is a "Sign in" button. Further down, there are three links: "User Guide", "Can't access your account?", and "Not Registered? Sign up". At the bottom, there is a link "Contact Us".

Once you log in, the page redirects to the portal homepage. From the portal homepage, select your NAIC Code and form type.

Reporting

Once you have selected the NAIC Code for your company and form selection, you will be directed to the reporting form. Verify the Name of the Company, NAIC Group and Company Codes are correct. NOTE: Companies who have nothing to report are not required to file.

The Legal Malpractice Claim Reporting form, for OPEN claims will appear as follows:

Legal Malpractice Claim Form

Section A

Name of Company:	XXXX - VICTORIA FIRE & CASUALTY COMPANY
NAIC Company Code:	XXXX Change
NAIC Group Code:	XXXX
For Year Ending:	2014
Name of Submitter:	J. Tucker
Title :	
Telephone Number :	(555) 555-5555
EMAIL :	john.tucker@xxxx.com

Insurer Claim File No.:	<input type="text"/>
City:	<input type="text"/>
Insured's State:	Select ▼
Zip Code:	<input type="text"/>
Status of this Claim:	Select ▼

☐ Same as Above

First name of report Preparer :	<input type="text"/>
Last name of report Preparer :	<input type="text"/>
Telephone :	<input type="text"/>
EMAIL :	<input type="text"/>

Save
Print
Home
Cancel

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[Accessibility](#)
[Contact Us](#)
[Data Policy](#)
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The top section is pre-populated by the Account Information that was entered when the User Account was created.

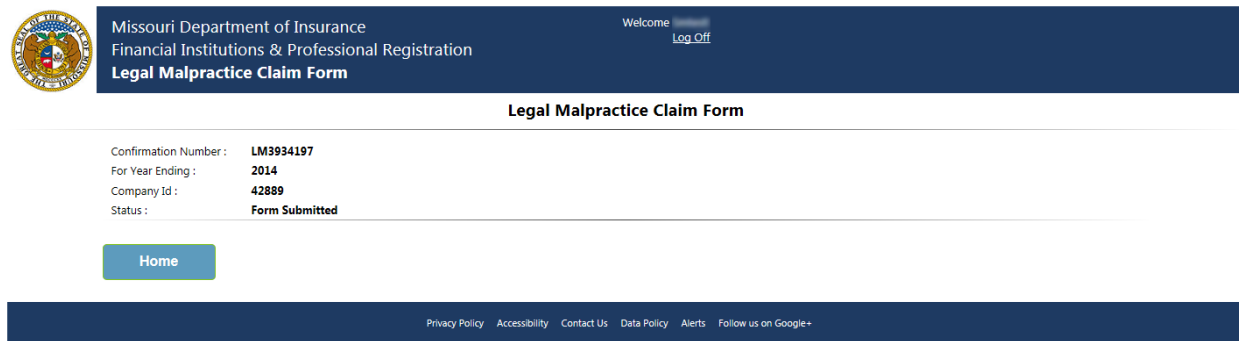
The “For Year Ending” field is populated as the current year minus one year.

Status of this Claim: This will be either OPEN or CLOSED. If OPEN is selected, the form can be saved. It can then be re-opened and CLOSED at a later date. If CLOSED is selected, additional entry

boxes will appear. All required information will then need to be entered and the form will not be able to be re-opened once SUBMIT has been selected.

Check the SAME AS ABOVE checkbox to fill the following preparer information with the information from the User Account. If other Preparer information is desired, it may be entered in the boxes.

Once SAVED and ACCEPTED by our office, you will receive a confirmation number. Please print and keep for your records.

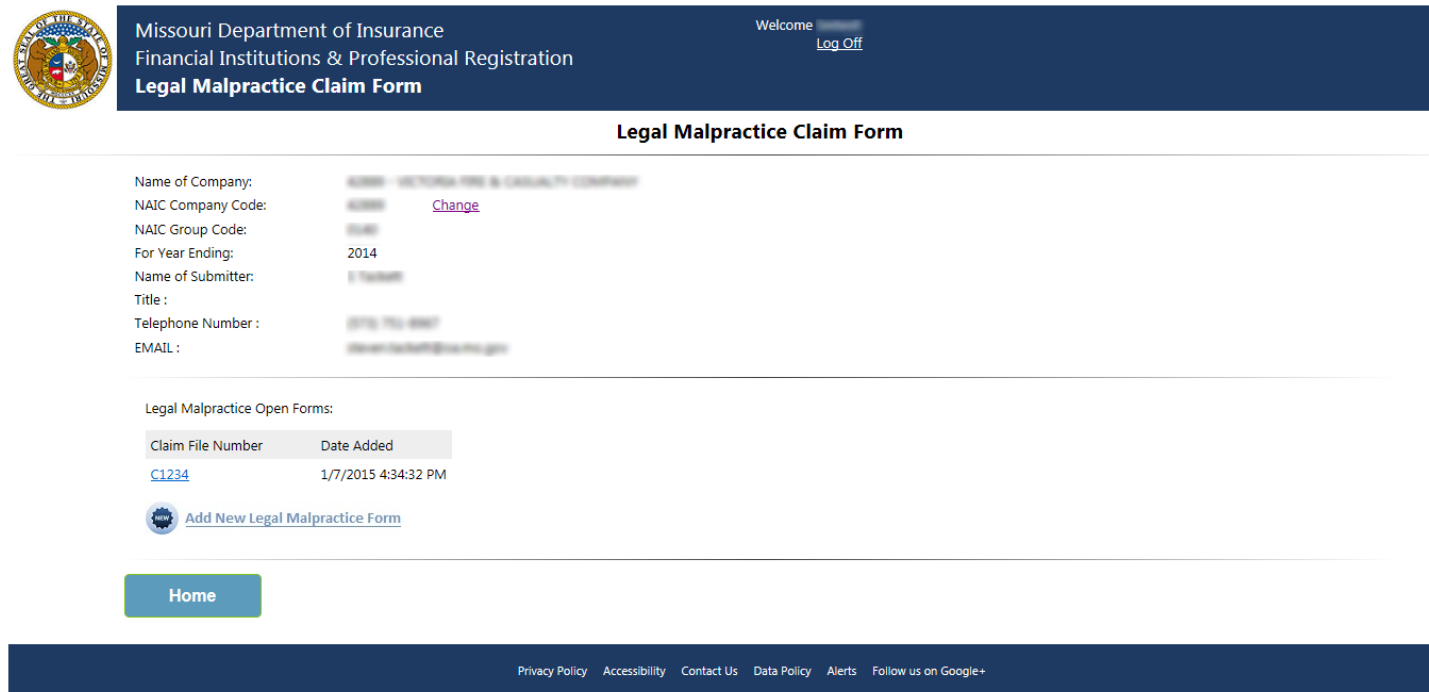


This screenshot shows the home screen of the Legal Malpractice Claim Form after a form has been submitted. The header includes the Missouri Department of Insurance logo and the text "Missouri Department of Insurance, Financial Institutions & Professional Registration, Legal Malpractice Claim Form". A "Welcome" message and a "Log Off" link are visible. The main content area displays the following information:

- Confirmation Number: **LM3934197**
- For Year Ending: **2014**
- Company Id: **42889**
- Status: **Form Submitted**

A "Home" button is located below the status information. The footer contains links for Privacy Policy, Accessibility, Contact Us, Data Policy, Alerts, and Follow us on Google+.

Once a form has been SAVED and the user is returned to the Legal Malpractice Claim Form home screen, their saved OPEN forms will be displayed (see below). Clicking on the CLAIM FILE NUMBER (in blue) will re-open the saved form.



This screenshot shows the home screen of the Legal Malpractice Claim Form after a form has been saved. The header is identical to the previous screenshot. The main content area displays the following information:

- Name of Company: **ALCOCK - VICTORIA FINE & CASUALTY COMPANY**
- NAIC Company Code: **42889** [Change](#)
- NAIC Group Code: **0000**
- For Year Ending: **2014**
- Name of Submitter: **J. TUCKER**
- Title:
- Telephone Number: **(314) 751-8887**
- EMAIL: **JOHN.TUCKER@alcock.com**

Below this information, a section titled "Legal Malpractice Open Forms:" displays a table of saved forms:

Claim File Number	Date Added
C1234	1/7/2015 4:34:32 PM

Below the table, there is a button labeled "Add New Legal Malpractice Form". A "Home" button is located at the bottom of the main content area. The footer is identical to the previous screenshot.

Once CLOSED is selected, in the Status of this Claim dropdown box, more drop-down and text boxes will be displayed. All of which will need an entry (see screen shot below of a claim that needs to be closed).



Missouri Department of Insurance
Financial Institutions & Professional Registration
Legal Malpractice Claim Form

Welcome [\[User Name\]](#)
[Log Off](#)

Legal Malpractice Claim Form

Section A

Name of Company:
NAIC Company Code: [Change](#)
NAIC Group Code:
For Year Ending:
Name of Submitter:
Title:
Telephone Number:
EMAIL:

Insurer Claim File No.:
City:
Insured's State:
Zip Code:
Status of this Claim:

State Where Claim Was Made:
Population Code:
How many Lawyers were Insured on the Policy:
How many years had the insured been admitted to practice at the time of the alleged error?:
What is the insured's type of law office?:
What is the insured's relationship to the claimant?:
Did the claim arise after the insured made an attempt to collect a fee?:
Did this claim arise from an area of law?:
Date of Occurrence:
Date first reported to Insurer:

Section B

Date this claim closed or disposed:
Claim Disposition:
Amount paid to claimant (including deductible): \$
Amount paid for loss expenses (including deductible): \$
Amount of reserve established for loss payment: \$
Amount of reserve for loss expense: \$
Amount of insured's deductible: \$

Section C

Area of Law:
Major Activity Code:
Alleged Error or Omission:

☒ Same as Above
First name of report Preparer:
Last name of report Preparer:
Telephone:
EMAIL:

[Submit](#)
[Print](#)
[Home](#)
[Cancel](#)

The SUBMIT button checks to verify fields have been completed properly. If not, a Notice Box will appear at the top of the screen and will give direction to what and where the error is. (See example below).

Legal Malpractice Claim Form

Please correct the following:

- Disposition Selection Required

Section A

Name of Company: ACCORD - VICTORIA FIRE & CASUALTY COMPANY
 NAIC Company Code: 42889 [Change](#)
 NAIC Group Code: 0000
 For Year Ending: 2014
 Name of Submitter: S. Tuckwell
 Title:
 Telephone Number: 678-754-8887
 EMAIL: steven.tuckwell@accordmg.com

Once SUBMITTED and ACCEPTED by our office, you will receive a confirmation number. (See example below). Please print and keep for your records.

**Missouri Department of Insurance
Financial Institutions & Professional Registration
Legal Malpractice Claim Form**

Welcome [Log Off](#)

Legal Malpractice Claim Form

Confirmation Number: **LM3994197**
 For Year Ending: **2014**
 Company Id: **42889**
 Status: **Form Submitted**

[Home](#)

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PRINT: Prints the form.

HOME: Returns to the HOME screen for form selection OR to enter/submit data for another company you are reporting for.

CANCEL: Removes all unsaved entries and returns to the HOME screen.

Contact Us

Contact the Department of Insurance, Financial Institutions, and Professional Registration, Statistics Section, for help with completing this online claims system by emailing: Statistics@insurance.mo.gov

User Guide

This User Guide can be obtained from the **User Guide** menu as well as from the DIFP web site at http://insurance.mo.gov/industry/filings/stats/Stats_Portal_Legal_Malpractice_Guide.pdf

Logout

Before closing the application, be sure to log out. To log out, select the Sign Out hyperlink at the top right corner of the page. Upon successful log out, the system redirects you to a confirmation page.